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Original Communications.

A CASE OF CONVULSIONS, WITH PROLONGED TONIC SPASM, MAINLY OF FLEXOR MUSCLES, IN A CHILD OF FOUR MONTHS, TREATED SUCCESSFULLY WITH HYDRATE OF CHLORAL.

By JOSEPH G. PINKHAM, M.D., Lynn.

THE child had measles, and before the appearance of the eruption, which was delayed for several days beyond the usual time, the pulmonary symptoms were so alarming as to threaten speedy death. But, fortunately, under appropriate treatment, the eruption came out, and the lungs were relieved. Everything went on well for two days, but at the end of this time the efflorescence suddenly disappeared. No immediate ill consequence was observed, except, perhaps, slight dyspnoea, and some other evidence of pulmonary congestion, until after the lapse of several hours, when the condition about to be described set in. The child had had no passage from the bowels for a day or two, and the mother, in my absence, gave a little syrup of rhubarb, which was at once rejected by the stomach. She had noticed previously, she said, signs of pain. I saw the child soon after. Its skin was natural, but the respiration was hurried, and there was apparent irritation of the brain. Ordering a mild saline laxative, warm fomentations to abdomen, with cold to the head in case it became hot, I left to return in the evening. At that time I found the child in great pain, with the thumbs drawn firmly into the palms of the hands, the fingers straight and flexed upon the hand, the hand very strongly flexed upon the forearm, the forearm upon the arm, the arm upon the body. The thighs were flexed upon the body, the legs upon the thighs, and the toes forcibly drawn upward. Abdomen rigid. All the contracted muscles were as rigid as in tetanus, and to touch them, particularly those of the hand and arm, gave pain. There was a constant rolling motion of the head, with occasional convulsions, and sharp

screams. This condition had existed for nearly eight hours. A warm bath had been tried with no effect. I immediately immersed the child in warm water, and held it there for fifteen minutes with no perceptible effect in relaxing the spasm. When taken from the bath, the child's skin was bright red, and the vascular excitement extreme. Applying cold to the head, I began to give belladonna, and persisted until a marked effect was noticed on the pupil. No result except a quieting of pain. Nothing had passed from either bladder or bowels since the spasm came on. Having but little hope of a favorable issue, I ordered injections of assafoetida in milk, with tinct. aconiti rad. \mathfrak{m} $\frac{1}{2}$ every hour in water, cold to the head, and perfect quietude. Some five or six hours after this, in the middle of the night, I was called in haste to see the little patient, who was said to be rapidly sinking. Friends had given up all hope. The symptoms were all worse than when I left in the evening, and death seemed imminent. Feeling that the case was a desperate one, I determined to use the hydrate of chloral cautiously, and to remain with the patient to watch the effect. The result was most happy, as will be seen by the following notes, taken at the time:

Jan. 7th, 1.20, A.M.—Respiration irregular, upwards of 100 per minute; rattling of mucus in bronchial tubes and trachea; forehead bathed in perspiration. Frequent convulsions, with twitching of facial muscles, and persistent tonic spasm. Gave chloral grs. ij. in a teaspoonful of water. Child is thirsty, and takes the liquid greedily. 1.40, condition nearly the same. Chloral, grs. ij. 2, more quiet. No relaxation in intervals of convulsions. Respiration about 90. Head hotter—less perspiration. Chloral grs. ij. 2.20, has passed a little flatus. Some signs of relaxation in toes. Chloral grs. ij. 2.40, quiet. Respiration 87. Chloral grs. ij. 3, lies most of the time now in a quiet sleep, from which she can be easily roused to take food and drink. Has passed a large amount of flatus. Coughs in sleep, and raises easily. Cries when touched.

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After this the medicine was given once in half an hour for a time, and then once an hour, with a gradual amelioration of all the symptoms. A little after six, P.M., a large semi-solid passage from the bowels occurred without the attendant's knowledge at the time. Increase of relaxation in lower extremities. Breathing 72, quite deep and regular. Cough loose. Head less hot. Skin moist.

7, A.M.—Respiration 68. Toes and legs almost completely relaxed. Arms and hands a little less hard. Chloral grs. ij. every hour.

9.30.—In quiet sleep. Respiration 60. Cough loose and effective. Still further relaxation. Has put left hand to face to rub it. Had another passage from bowels of same character and in same manner.

10.50.—Still sleeping. Respiration tending downward. Pulse (now first observed with accuracy) of fair strength. Spasm in left hand slight, in right more marked. Directed child to be left alone as long as comfortable. If there should be pain or return of spasm, medicine as before.

2.30, P.M.—Somewhat feverish. Rouses up when spoken to, and looks around. Is hungry, and takes food greedily, falling asleep soon after. Ordered pot. brom. grs. ij. every hour as substitute for chloral.

5.—Less feverish. Face pale. Uneasy.

Jan. 8th, 11, A.M.—Sleeping. Has taken two doses of chloral during the night, and been very quiet. Respiration 36, deep and easy. Pulse 120—good. Takes food well.

5.30, P.M.—Still sleeping. Pulse 118. Respiration 40. Muscles all lax. Can use both hands. No medicine to be given unless there be pain or spasm (chloral), or great restlessness (pot. brom.).

Jan. 9th, 10.30, A.M.—Took a half dose of chloral, and several doses of bromide during the night. Slept quietly most of the time, and waked up as from a natural sleep. Talks, smiles, and takes food greedily. Cough loose, but quite troublesome. Bowels in good condition.

From this time onward convalescence was rapid, and in a few days was complete.

SYNOPSIS.

Condition of Child.—Debility from severe illness; bronchial tubes loaded with mucus; respirations over a hundred a minute; imminent pneumonia; bowels confined; urination unperformed; rolling of head; sharp cries of pain; clonic or tonic spasm of nearly the whole muscular system; no beneficial effect from warm bath, belladonna, assafoetida, and other remedies thoroughly tried.

Effect of the Chloral Hydrate.—It quieted the pain and restlessness, producing a prolonged, easy sleep, without interfering with the expectoration, or increasing cerebral irritation, or preventing the little patient from taking food and medicine, or in any way disturbing the process of excretion; it gradually but surely relaxed the dreadful tonic spasm, and prevented the clonic; it seemed to diminish, rather than increase, the tendency to pulmonary congestion.

Do I state the case too strongly when I say the child's life was saved by the remedy?

PAINFUL CREPITATION OF THE TENDONS.

By FRANCIS H. BROWN, M.D., Boston.

THE occurrence in my practice of several cases designated by Nélaton* *crépitation douloureuse des tendons*, or inflammation of the sheath of the tendons, with crepitation, induces me to mention them, mainly for the purpose of noting the fact that a surgical disease of quite frequent occurrence and of considerable practical interest, is almost unnoticed in the text-books. Indeed, before the time of Velpeau, it seems not to have been recognized. Desault, Bichat and Boyer vaguely hint at the disease in their works; but it was only in 1834, in a clinical lecture given at la Pitié, that Velpeau definitely made mention of it. Dr. J. M. Warren† gives the details of three cases in his *Surgical Observations*.

The affection displays itself, at times, in the ankle, in the course of the extensor proprius pollicis. Goulain has reported a case of crepitation having its seat in the sheath of the long portion of the biceps. But in the larger number of cases which have been noticed, the disease has shown itself in the course of the tendons of the radial muscles, the extensors of the thumb and carpus and the supinator longus, and, less frequently, in the tendons of the flexors and extensors of the fingers. Twice Velpeau has found it extending to the tendinous sheaths as far as the phalanges; once I have seen it in the sheath of the tendo-Achillis. I have seen this affection in seven cases: once in a blacksmith, again in a stone-cutter, and always in cases following single or repeated forcible pronation or flexion of the member affected. It is said to be rare

* Nélaton *Éléments de Pathologie Chirurgicale*. Paris, 1868, tom. i. 338.

† Warren. *Surgical Observations*, with Cases and Operations. Boston, 1867, p. 583 et seq.

to see this disease as a sequence of external wounds or blows, and, except that it arises from inflammation of the sheath after strains or excessive use, and exposure to cold, it is impossible to recognize the cause.

The patients under my observation have complained of considerable pain, increased by pressure and active or passive motion; a considerable swelling has been noticed along the course of the tendon, with some increase in temperature, and, once, a reddening of the skin, disappearing on pressure. The pathognomonic sign of the affection is a dry crepitus, which Nélaton compares to that experienced when starch is rubbed between the fingers, or when snow is crushed beneath the feet; but—substituting touch for sound—it recalls the crepitation of an inflamed serous membrane, as the pleura. The crepitus presents variations in reference to its extent and intensity, but has the same character in all. It can be excited by pressure, or, still better, by moving the tendon in its sheath by passive movements. Velpeau ascribes the crepitus to the friction of the tendon against the dry synovial sheath; its fluid being deficient from the inflammation of the part. The disease terminates by resolution. In the cases under my observation it has disappeared on prescribing rest and the use of evaporating lotions or warm fomentations, or by the use of an external stimulant, such as the application of iodine. Its usual duration is ten days or a fortnight; but, in the cases I have noticed, want of normal power in the limb and a certain amount of tenderness about the part have continued much longer.

THE CLIMATE OF THE UNITED STATES AND ITS EFFECTS ON HABITS OF LIFE AND MORAL QUALITIES.

By M. E. DESOR, of Neuchâtel.

WHEN a German or Swiss emigrant lands at New York, he does not perceive that the climate is on the whole very different from that of his own country. Nevertheless, after a while, and when he has established himself permanently, he begins to recognize differences which soon oblige him to modify some of his habits, and, at the end of a certain time, compel him to adopt, whether he will or no, those of the Americans, which had been, at first, the subject of his most bitter criticisms.

This experience which the greater number

of Europeans undergo, does not cease to astonish them after they have reflected upon it. They know that the Northern States are within about the same parallels of latitude as Central Europe. The well educated remember, besides, to have been taught at school that the isothermal lines, or zones of equal temperature, correspond in a still more striking manner. They have besides found by experience that winter in the vicinity of New York or Boston is nearly as cold as that of the environs of Frankfort, Basle, and Zurich, and the summer at least as warm. Nevertheless, the two climates have effects altogether different, for which he cannot account. Hence it was, that when, a few years since, the *élite* of the German population of Boston organized themselves into a lyceum to establish courses of lectures after the custom of the Americans, the principal, if not the only question of general physics upon which they manifested an earnest desire to be enlightened was precisely that of climate.

How was it, they asked, that they were all obliged to modify, after a certain time, their habits of life, and even their modes of proceeding in the different arts and trades?

Having been invited to give some lectures on the comparative climatology of the continents of Europe and America, I was led to investigate in a special manner the nature of those climatic influences and the extent of the modifications which they bring with them.

The phenomena of which we treat are of two kinds: those which relate to common life and which everybody can appreciate, and those which are noticed in the exercise of certain professions.*

To the first category belong the following phenomena:

1st. German women are all astonished at the facility with which linen dries, even in the depth of winter, so that washing takes in general less than half the time it does in Europe, which makes the custom so general in the United States of washing every week.

2d. On the other hand, those same housekeepers, especially those who live in the country, are in despair at finding how rapidly their bread dries up. Habituated in their native country to making a supply of bread for several weeks, they are in consternation at seeing that their bread, although prepared in the same manner, hardens and

* In speaking of the United States in comparison with Europe, we have especially in view the Northern States of the Union, and not Texas or California, where the climatic conditions are altogether different.

becomes uneatable in the course of a few days; they impute it to the quality of the flour, or of the water, they lose their temper, they bemoan themselves, and after awhile they end in adopting the American custom of making bread every day, or at least every other day.

3d. This inconvenience, which is no imaginary one, is compensated in a certain degree by some advantages which we at home do not enjoy. Thus mouldiness is much less to be feared in the United States than with us. It is rare that provisions suffer from it in winter. The cellars, in particular, unless they are in damp and low places, are excellent, whence it is that every kind of food, fruits and vegetables, are preserved much longer and more surely than with us.

4th. The same absence of moisture is observed in a still more striking manner in winter, when the windows of apartments show less moisture upon them than with us. Thus Germans who are accustomed to see at home the window panes covered with arborizations during a great part of the winter, and can hardly conceive of Christmas without frost-flowers, are disappointed at not seeing them more frequently in America; and yet the weather there is as cold at Christmas as it is at Hamburg or Munich.

5th. There are, besides these subjects of common observation, others which bear upon hygiene, and which every one can make in his own person. I will give here but one example, the influence which a residence in the United States has upon the hair, which, at the end of a certain period, loses its moisture to a considerable degree. Thence comes the greater need of oil and pomatum, and consequently the greater number of hair dressers. Many a young man who in Switzerland or Germany would recoil from the idea of using pomade or Macassar oil, from the fear of seeming effeminate, finds his steps taking more and more frequently the path to the hair dresser's, after having lived for some time in the United States.

The experience undergone in the exercise of the different arts and trades is not less significant. Here are a few examples, which I have received from persons of intelligence and reliability.

1st. Builders do not find themselves under any necessity of leaving their houses to dry for a season before surrendering them for occupation. The mason has hardly left, when the occupant enters without any fear of rheumatism or any of those infirmi-

ties which are so liable to be incurred among us in new houses.

2d. House-painters can apply much sooner than with us a second coat of varnish or distemper without their work suffering from it.

3d. On the other hand, cabinet-makers, and above all makers of musical instruments, are obliged to be very careful in the selection of the wood which they work up. Wood which in Europe would be thought abundantly dry, could not be made use of in the cabinet-makers' shops of Boston or New York, where it would crack in a very short time. Inlaid floors, especially, require extreme care, so that they are rarely seen, even in the houses of the most opulent. It is to the same cause that we must attribute the great success of American pianos, while those of Paris and Vienna, perfect as they may be for Europe, deteriorate in America very soon.

4th. Carpenters are obliged to make use of a much stronger glue than in Europe.

5th. The tanners, also, have remarked that their skins dry more easily there, which enables them to carry on their operations farther in a given time. They are particularly astonished at the rapidity with which the desiccation goes on in winter.

6th. Finally, I can cite a fact taken from my own experience as a naturalist. You know what care we have to take in Europe to protect our collections of natural history against dampness; it is only by placing lime or other absorbents in our galleries that we can succeed in protecting them from moisture, especially in new buildings. At Boston, I have seen collections of birds and mammiferous animals deposited in apartments which the plasterer had scarcely left, without any thought of placing absorbents in them. When I remarked upon this to the curator, expressing my solicitude for so many precious objects, which I thought exposed to the risk of being spoilt, "You forget," he replied, "that we are in New England, and not in Europe."

All these different phenomena are referable to one and the same cause, which you have already divined—the greater dryness of the air of the United States. It might even appear idle to dwell as much as I have done upon this peculiarity of the American climate, if this result was not apparently in opposition to the meteorological data which we possess relating to that country.

"You assert," it has been often objected to us, "that the climate of the United States is dryer than that of Europe, nevertheless

we know that it does not rain there any less, nor less often, than with us."

In fact, the quantity of water which falls in the United States, under the form of rain or snow, not only is not less, but it equals and even surpasses that which falls in Europe. Thus, according to the most recent data that we possess, there falls annually,

In Boston, 38 inches of water.

" Phila., 45 "

" St. Louis, 32 "

while in Europe, the annual quantity of water which falls at a given point is

In England, 32 inches.

" France, 25 "

" the centre of Germany, 20 inches.

" Hamburg, 17 inches.

The number of rainy days in the United States is also not less than in Europe, with the exception, perhaps, of the British Islands and Norway. On the other hand, it appears to be greater than in Eastern Europe.

Do I need to point out that the contradiction which seems to result from these data is only apparent, and that notwithstanding the greater quantity of water that falls, the climate is, nevertheless, on the whole, drier in the United States than in Europe. The reason of this is very simple: it is that during clear weather the air is less charged with humidity than with us. The atmosphere does not, as in England and the west of Europe, continue in a state nearly that of saturation, but the moment the rain ceases, and a change of wind brings back fine weather, the hygrometer falls immediately, and the dew-point keeps sensibly below the temperature of the surrounding air. There is in this respect a similarity between the climate of the United States and that of the Alps. Our mountains, as you know, have furnished results in appearance not less contradictory. Relying on the fact that it rains oftener there than on the plains, the conclusion has been too hastily drawn that the air in the mountainous region was less dry. Thus we see that in the older meteorological manuals, and even in recent works, the climate of the Alps figures among the moist climates, while in reality the air there is much more dry, a fact which any one may verify on a fine clear day. It is to this very circumstance that we must in great part attribute the fact that we are less fatigued in traversing the mountains than the plains.

The cause of the greater dryness of the American climate it is easy to apprehend. In America, as in Europe, the predominant winds are from the west. On our European

coasts, those winds come charged with the moisture with which they have become saturated by their contact with the ocean; hence it is that they generally bring with them rain. In the United States it is the reverse. The western winds do not reach the Atlantic coast until after having swept over an entire continent, and during that passage they have lost a great part of their moisture. For that reason they are seldom accompanied with rain. They act the same part that the east winds do with us, which for the very reason that they come to us from over the continent, are dry and greedy of moisture. We all know how much more rapidly our roads and our fields dry under the influence of the north wind than that of the south wind [from the Lake].*

To what degree do atmospheric conditions, so diverse, influence the conditions of animal and vegetable life? Buffon already, in comparing the animals and plants of the new continent with those of the old, had pointed out a double contrast. He had remarked that the animal species of the American continent† were in general smaller than their congeners of the old continent, while nearly the reverse was true of plants. He concluded from this that the new continent was more favorable to the vegetable kingdom, while the old was more so to the animal kingdom.

The history of the United States does not extend over a sufficiently long period to furnish us with conclusive data upon the modifications which the different races of animals imported from Europe may have undergone through the influence of climate. It is man himself who will furnish us with the most instructive facts upon this point.

It is now nearly two hundred and fifty years since the first colonists established themselves on the shores of New England. They were, as is well known, dissenters, who expatriated themselves because they wanted a larger share of religious liberty than the English Church was disposed to allow them. They were in every respect true Englishmen, having all the physical and moral characteristics of the Anglo-saxon race. At the present day, after but little more than two centuries, the inhabitant of the United States is no longer simply an Englishman. He has traits which are pe-

* By a natural consequence of the contrast which I am enunciating, these same east and northeast winds, which with us are generally dry and cold, are in the United States invariably accompanied with rain. All who have lived in New York and New England know but too well the northeasterly storms (les bourrasques du nord-est) which are so frequent in spring.

† It will suffice to compare the lion with the panther, the rhinoceros with the tapir, the camel with the llama.

cular to himself, and which cannot be mistaken, any more than the English physiognomy could be confounded with the German. He is, in a word, developed as a Yankee or American type. But as this type cannot be the result of a crossing of races, since it is the most marked in the eastern States, precisely where the race is less mixed, it must be the consequence of external influences, among which we must place in the first rank those of climate.

One of the physiological characteristics of the American is the absence of *embonpoint*. Pass through the streets of New York, Boston, or Philadelphia, and you will hardly meet one out of a hundred individuals who elbow you who is corpulent, and that one will most generally be found to be a foreigner or of foreign descent.

What particularly strikes us in the Americans is the length of the neck; not, let it be understood, that they have the neck absolutely longer than ours, but that being more slender it appears longer. In turn, the American easily recognizes Europeans by opposite characters. It has happened to me more than once that in forming conjectures with friends upon the nationality of individuals whom we have met on a public promenade, I had doubts as to their origin, while the Americans decided upon the point without hesitation. "But look," said they, "at the neck. No American has a neck like that."

The same remark applies, and with more strength, to the fair sex; and, what will perhaps astonish us, is that far from complaining of it, they appear to felicitate themselves on this peculiarity. In fact, it is from this that the delicate and ethereal expression arises which is so much vaunted in the American women. But while we may recognize what there may be of attraction in this type, which, with or without reason, the poets characterize as angelic, I think I do not deceive myself in supposing that our European women, in being more robust and plump, have not any less claims on our admiration.

The difference which I have just pointed out between the Americans and the Europeans, is not only the result of a less development of the muscular system; it depends as much if not more, on the reduction of the glandular system, and in this regard it merits serious attention on the part of the physiologist as involving directly the future of the American race. It is this that the most intelligent have foreseen; they have felt that there must be a limit to this excessive delicacy of forms, and it is for this reason

that, notwithstanding their instinctive aversion to the Irish (who furnish the largest contingent of emigration), they are far from being opposed to the immigration of that race, who by the plenitude of their forms and the richness of their glandular system, appear made to resist with better effect the influences of the American climate. The remark has, in fact, often been made that the handsomest women are those born of European parents.

More than this, these influences of climate are observed to operate not only on a new generation, but are seen in many instances in individuals when they change their residence from the eastern to the western continent. Thus it is that few Europeans grow fat in the United States, while Americans who live for a short time in Europe acquire an air of health and well-being which is very remarkable. It is sometimes the same with Europeans who return to Europe after a prolonged residence in the United States. In the person of him who addresses you, nothing would be easier than to furnish a proof of this.

When it is demonstrated that the greater dryness of the air can occasion, under similar latitudes, differences so remarkable as those we have pointed out, why should we refuse to recognize an influence from this cause in a more complex domain, but not less dependent on external circumstances? This leads us to say a word upon the differences which are to be recognized, in a moral point of view, between the Americans and the Europeans.

There is no European who, in landing at New York, Boston or Baltimore, has not been struck with the feverish activity which prevails on all sides. Everybody is in a hurry. Persons on the wharves and on the sidewalks are running rather than walking. If two friends meet in the street, they content themselves with a shake of the hand, but they have, as a general thing, no time for conversation. It is true that something like this can be seen in the seaports and large towns of England; only the activity of the English appears to me more intentional, while that of the Yankee is more instinctive—the result of habit and a natural impatience, rather than of necessity. Hence it is that it betrays itself on occasions when it is absolutely unreasonable. The Americans have been reproached, and justly too, for not allowing time enough for dinner. On the part of persons under the pressure of business, it could be accounted for on that ground, were it not that the habit is so general as to seem in a cer-

tain degree endemic. This is so true, that I have more than once seen passengers on shipboard, who had absolutely nothing to do, who were not the less in a hurry to leave the table. It is only with effort that this impatience has been kept under restraint at the watering-places; but that has been only accomplished by a recourse to what is the most powerful of levers—by stigmatizing this precipitation as unfashionable [*de mauvais ton*].

An impatience so general must necessarily have its source in some general cause. Although we possess as yet no precise data to explain the manner in which a greater or less degree of humidity of the air acts on the nervous system, we think we do not deceive ourselves in attributing this greater nervous irritability of the inhabitants of the United States to the dryness of the American climate. May we not cite in support of this opinion the less durable yet not less constant effect which the northeast wind has upon us? The northeast wind, as we have already remarked, corresponds in its effects to the northwest wind in America. It is the wind blowing over the continent, and we can all confirm its desiccating action. But the influence of our northeast wind, you are aware, does not end here; it is more general. The inhabitants of the Jura know but too well that it acts, also, upon the nervous system, and even upon the disposition of the mind, to such a degree that when the northeast wind, especially a sharp wind [*la bise noire*], blows for a length of time, they feel a kind of disquietude, of irritation, which even degenerates sometimes into ill-humor; and it is not perhaps without reason that it is said in some localities that the northeast wind makes the women out of temper. It is then, too, that we have the least need of stimulants, and I have heard a shrewd observer make the remark that one should never invite friends to dinner during a northeast wind.

But if a dry wind produces such marked effects in our own country, where, nevertheless, it blows only exceptionally, we may conceive that its influence must be very much greater in a country where it is the dominant wind, as is the case along the Atlantic coast of the United States. From this cause there is also there less need in general of stimulants. Shall we err in assuming that it is to the climate that we must refer the much more pernicious effect of fermented liquors in the United States than elsewhere? It is a well-recognized fact that Europeans, and especially the English, who are in the habit of drinking wine

and spirituous liquors at home without being harmed by them, are obliged, if not to renounce them, at least to restrict themselves in the use of them, from the moment that they settle in the United States. It is owing to this experience, that temperance societies have been able to exert so preponderating an influence there, and to dictate legislative measures, which, if they were enacted with us, might well transform into revolutionists some of our most determined conservatives.

So, also, the Americans, notwithstanding their apparent coldness, are constitutionally more irritable than Europeans. Their susceptibility is proverbial. Can it be said that on this account they are more violently irritable than we are?*

According to this theory, they should be so, and they would perhaps be so, if they had not provided in season against the ill effects of this greater nervous irritability by carefully repressing, more than we do, all movements of impatience. Those who have lived in the United States know what care is there taken in the early instruction of children to inculcate the habit of self-government. Hence it results that a people the most irritable on the face of the earth is found to be at the same time the best disciplined. Liberty, especially, is only possible in the large measure in which it exists there, because each individual has been early accustomed to restrain his impulses. To keep himself in this path the American has no need of a police. Public opinion, besides, is sufficient to recall him within the limits of decorum when he has strayed away from them. It is in the lowest taste for a man who makes any claim to the title of a gentleman to allow himself to get angry, and still more to resort to acts of violence. Thus the Americans take satisfaction in saying, what is but too true, that when two individuals fall to fighting in the street, it may be taken for granted that they are either Irishmen or Germans.

God forbid, nevertheless, that we should assume that the position, the prosperity, and the liberty of a country are the consequences of its climate! The example of England, with its climate directly the reverse of that of America, would confute us, if we were to hazard such a paradox. But we think, on the other hand, that the greatness of a nation does not depend so exclusively on its institutions as some eminent

* We should here distinguish between vivacity, the dominant trait of the inhabitants of warm countries, which is the effect of temperature, and the irritability which is caused by the dryness of the air.

authors have thought. The climate of the United States, in inducing the adoption of certain principles of education, has perhaps in that way even facilitated the extraordinary development of the American people, under conditions which, otherwise, might have proved fatal to their prosperity, and above all to their liberty.

Hospital Reports.

BOSTON CITY HOSPITAL.

Surgical Cases in the Service of CHAR. D. HOMANS, M.D.
Reported by Mr. W. P. BOLLES, House Surgeon.

CASE I.—*Comminuted Fracture into the Shoulder-joint, becoming Compound.*—S. A. V., mulatto, æt. 27 years, temperate. Patient was thrown from and was struck by the front of a horse-car. At the time of entrance there was such excessive effusion about the right shoulder-joint that no satisfactory examination could be made. One fracture of the humerus, below the neck, however, was evident. The hand was badly crushed throughout its whole back, and the adductor pollicis forced out between the thumb and index finger. Pulse 100. Shock alarming. On the third day after entrance, the swelling was still enormous. Eleventh day.—Hand and arm painful; the former sloughing in spots over the back, and presenting fatty looking ulcers. The patient could move all the fingers a little. Swelling of shoulder three-fourths gone. From this time he improved slowly, although his appetite still continued very poor, and on the twenty-first and twenty-second days he sat up a little; but a light delirium had been present for a night or two, and on the twenty-second day an erysipelatous patch, as large as the two hands, appeared in front of the shoulder, and rapidly extended down the arm to the wrist, over the front of the chest and upon the face up to the eyes. The general condition at the same time became very critical; the delirium appeared through the day also, and the patient made frequent attempts to get up. Micturition was involuntary, and the pulse, at night, was 124. Then the skin yielded just below the outer half of the clavicle, and about three ounces of thin, brownish fluid, mixed with oily globules, was discharged. The opening was enlarged next day, and two or three ounces more of pus liberated. A small piece of the humerus was found in the cavity and removed, and a second frac-

ture of the bone then discovered, extending into the joint. The erysipelas disappeared, and profuse suppuration followed.

By the thirtieth day the parts around the opening became very sloughy; the base looked like wet brown tissue-paper, and the patient's condition seemed hopeless. The tongue was dry and hard, and articulation became so indistinct that it could not be understood. During the two following days, the ulceration increased to a length of four and a half inches, and undermined the skin extensively in several directions. The pulsations of the subclavian were distinctly seen lifting the slough covering its base. He was still delirious on the thirty-seventh day, with the same rapid pulse and dry tongue. The discharge was abundant from both hand and shoulder. Arm oedematous. Forty-second day.—Gaining. Forty-seventh day.—An incision was made in the posterior fold of the axilla, which liberated a large quantity of offensive pus.

From this time the patient continued to improve. In the course of a week he was again rational; the pulse had fallen below 100, and the tongue became more moist.

By the sixty-third day he sat up. His hand had nearly healed, and the shoulder was granulating finely. He ate well, and, for the first time since his entrance, only at regular meal-times. Shortly after, his stimulants, which had been freely given since his entrance, were omitted.

Seventy-two days after his accident, he was discharged, with the fractures united and the shoulder healing slowly.

Five weeks afterwards, he appeared for examination. The ulceration on the shoulder was still two inches long by a half inch in width. The deltoid muscle was atrophied, and the acromion process prominent. Arm slightly longer than the other. A large callus surrounded the upper third of the humerus. He has some power of motion over the shoulder, and can lift a five-pound weight to the umbilicus with his right hand. Is in good general health, and walks two or three miles without fatigue. The only apparatus used was a tin trough while he was in bed, and afterwards a simple sling.

CASE II.—*Perinephritic Abscess.*—John S., æt. 40 years, Swiss, slipped while carrying a light load down stairs, and fell upon the nates and right side. At the time of entrance, he had a general sprain of hip and back, and a very tender spot was noticed over right twelfth rib, with pain on moving, or deep inspiration. No fracture was detected, but the rib seemed more movable than its fellow.

These symptoms readily diminished, and by the eighteenth day had entirely gone; but on the fourteenth day, pain, of a dull, steady character, appeared in the left lumbar region, and was more severe than that of the right. The patient was not able to lie, sit or stand long at a time. His appetite became poor, and his bowels torpid.

The pain still continued on the eighteenth day, and had extended down on the outside and front of thigh.

On the thirty-fourth day, a tender fluctuating spot appeared two inches below the left twelfth rib. This was opened four days later, and about ten ounces of bloody pus discharged. The cavity extended up under the twelfth rib farther than the finger could reach. It reached outwards, too, and downwards nearly as far; and, finally, the finger could pass inward around the bodies of the vertebrae in front. The bleeding which followed was rather troublesome. The patient was quite feeble.

During the following fortnight the suppuration was so profuse as to require two entire changes of sheets and clothing nearly every day.

On the forty-seventh day, a small, superficial abscess, containing about a half ounce of pus, a little outside of the first opening, was incised.

On the fiftieth day, a sudden and severe attack of dyspnoea appeared, with sharp pains reaching from the incisions upwards toward the left chest, and marked constitutional disturbance—pulse 120.

Three days later, the depression became alarming. Pulse 160; respiration 40, distressed; appetite gone.

From this date, however, convalescence commenced, and, without any further drawbacks, he regained his health and strength, and was discharged, well, on the seventy-eighth day from his admission.

CASE III.—Remarkable Fragility of Bones.—Mary N., æt. 46 years, married. Patient is a very small, thin woman, not weighing more than ninety pounds, with the least possible development of muscles, and with varicose veins of both legs.

She has had very good health until about two years ago, when she had pains of a rheumatic character in limbs and joints. Catamenia ceased about two years ago.

On the day of her entrance, she rolled or fell from her chair on to a chest, and struck with slight force upon her right arm, causing a simple oblique fracture near the middle of the humerus. This was put up in the usual way, and when the apparatus was removed, on the twenty-fifth day, the arm

was found to be straight, and the union perfect.

A week later, she was discharged, well. During her stay here, she had vague pains in the arms and lower limbs, especially in cloudy weather.

A month after her discharge, she appeared at the Out-patients' Room, with a fracture of the left clavicle, produced in no other way, that she can recall, than by getting into or out of her high bed.

Three weeks later, the arm was examined, and the shoulder-joint moved with very moderate force, when, with a crunching noise, the humerus yielded—not at the site of the original fracture, but half way between this and the head of the bone. The arm was put up as before, and in three weeks was again united. But, meanwhile, the elbow-joint had become somewhat stiff, and an attempt to straighten the limb, although gently made, resulted in refracturing the humerus at the site of the first injury near the middle.

In a fortnight more, this again became stiff, and a distinct callus could be felt strengthening each point of fracture. The splints were retained, however, for another week, when all seemed well again, and the apparatus was removed.

She continued well for about a week, when first the lower and then the upper callus dissolved away, leaving the bone in three distinct pieces. These are again uniting, and the patient is still in the hospital.

CASE IV.—Amputation following Necrosis.—Timothy M., æt. 35 years. Patient, in his youth, had had extensive necroses of both tibiae, and his legs bear scars of several sinuses which had healed.

Two years since, swelling of the left leg appeared quite rapidly, followed by pain, and stiffness of the ankle-joint. These symptoms have continued in a greater or less degree until now—rather increasing, however.

The left ankle is so swollen, together with the tibia above it, that the leg does not diminish in size from the belly of the calf downwards. The skin is smooth, shining and white, the joint scarcely movable, and tender on pressure. His complexion is light and "scrofulous," although he says his general health is good. There is some apparent œdema of both legs. Urine not remarkable. As his leg is entirely useless, and, in addition, disables him by its pain and swelling, he is anxious to have it removed. This was done by the flap operation nine days after admission, and about five inches below the knee.

The shafts of the bones of the leg were found much enlarged, soft and spongy; joint not involved.

Convalescence was attended with considerable pain, chiefly at night, and embarrassed by a very poor appetite on the part of the patient; nevertheless, he was discharged thirty-eight days after admission, and twenty-seven after the operation, nearly well.

CASE V.—*Dislocation of Femur*.—Eugene M., aet. 6 years, fell about twelve feet. It is not known how he struck.

When brought to the hospital, half an hour afterwards, the leg was semi-flexed upon the thigh, and its middle line carried nearly outwards to the outer border of the latter. Knee very little swollen. Motion impaired. The inner condyle of the femur, and the outer tuberosity of the tibia, with the head of the fibula, projected far beyond the outer condyle and the inner tuberosity; marked depressions in the usual site.

Reduction was easily effected by extension, and pressure upon the projecting parts, while the patient was under the influence of ether; the limb returning with a snap, and regaining its natural motions with some lateral looseness.

On the second day, the joint was excessively swollen, but this rapidly subsided, and, in fourteen days more, patient was discharged, perfectly well, and not in the least lame.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. GREENOUGH, M.D., SECRETARY.

JAN. 23d.—*Hepatic Disease; Cancer and Dilatation of Gall Ducts*.—Dr. SHATTUCK reported the case.—K. C. aet. 50. Father died of "dropsy." Mother died of "cancer." Patient is a thin and delicate-looking woman, of a dark complexion, and states that she has always been temperate, and that her health, until within the past three months, has generally been excellent. Late in the summer her health, from causes unknown, began to fail, and she complained more or less of pain, dull in character, in epigastric and right hypochondriac regions; also swelling in epigastric region after taking food of any kind, which was often accompanied by nausea. Simultaneously with pain she noticed a "deadness" in epigastric and right hypochondriac regions. No history of passage of gall stones. The

symptoms did not seem to increase in severity till about six weeks ago, when the pain became more persistent, and the other symptoms more marked. A week later (five weeks since), she noticed her skin was assuming a yellowish tinge, which gradually deepened till it attained its present hue.

She now (Dec. 7th), complains as follows, of pain, in epigastric and right hypochondriac regions, circumscribed, dull in character, and most troublesome in early morning. Nausea more or less of the time.

Dyspnoea slight, on exertion. Palpitation occasionally. No ascites. [No oedema of feet. Has headache and vertigo a good deal of the time. Feels very weak. Excessive pruritus. Appetite poor; digestion difficult; bowels costive; dejections small, hard, and of a light yellow color.

Urine normal in quantity, and of a very dark color—tongue with thin, moist coat. Pulse 100. Has been in the house but two weeks.

Exam. urine: s. g. 1021; acid reaction; chlorides normal; no albumen; coloring matter of bile present.

By microscope, vesical epithelium, and epithelial debris; no pus, blood, or casts; no crystals.

Dec. 9th.—Flatness commences at sixth right rib, and ceases at lower border of ribs; some fulness; dulness and deadness in epigastric region.

Dec. 11th.—Generally drowsy, yet says she does not get sleep enough. One dejection, moderate size, consistency of putty, and of a sage-green color.

Dec. 13th.—In bed, looking whiter, and says she is free from pain.

Dec. 21st.—Complains only of debility.

Jan. 2d, 1871.—Is in bed, and feeling weak and poorly; had a chilly turn yesterday, with discomfort and uneasiness; color as at last report; pulse regular, about 92; abdomen not tender on pressure.

Jan. 6th.—Complains of dryness of mouth, particularly tongue.

Jan. 7th.—Complains of great weakness. Tongue dry; sordes on teeth.

Jan. 11th.—Is losing rapidly in flesh and strength. Dryness of mouth, and soreness of lips. Pain and tenderness in hepatic region. Abdom. full and resonant.

Jan. 12th.—Tongue abraded, and with good deal of white coat. Abdominal pain, tenseness and tenderness.

Jan. 14th.—Progressive jaundice and debility; sordes about lips; still complains of abdominal pain.

Jan. 15th, A.M.—Respiration rapid and labored. Pulse 120 and weak.

P. M., 9.30.—Patient died.

Autopsy by Dr. Fitz, who showed the liver, which was somewhat enlarged, and adherent in several places to the diaphragm.

The capsule in general sufficiently smooth and translucent, thickened at union of right and left lobes, at which point were some half dozen circular elevations, two lines in height, perhaps one-fourth inch in diameter. On cutting into these, we found cavities containing a dark green, opaque fluid, of the consistency of cream.

On cutting through the liver in various directions, similar cavities were everywhere found. The walls were, in many instances, quite smooth and shining. Again on pouring water into the larger cavities, shreds of tissue would float up from the wall. On following out one of the large bile-ducts, one of these cavities was seen to be the result of a saccular dilatation of its wall. The dark green fluid was found to contain fatty degenerated cylindrical epithelium, small round cells, and detritus. The liver parenchyma in general of a green color, the acini relatively small, and distinct. In the minute biliary canals between the hepatic cells were seen dark green, translucent plugs, biliary concretions.

On examining the fissure of the gall-bladder, a mass of induration was found extending down into the portal fissure. Vessels, ducts, gall-bladder, and lymphatic glands united in forming a confused mass. The common bile duct was opened into the duodenum. At the intestinal orifice, a calculus, white, glistening and with facets of the size of a bean, plugged the canal of the ductus communis. Some three inches upwards, and a half inch below the orifice of the cystic duct, a thickening and induration of the mucous membrane commenced, and increased in amount along the hepatic duct till near the point of division into the various ducts for the different lobes of the liver. Here the mucous membrane gradually assumed a normal appearance. A half inch above the orifice of the cystic duct, the thickening was most marked. At this point a calculus, the size of a small pea, was found, and the mucous membrane beneath had a shaggy appearance, while at the same time a considerable diminution in the volume of the canal had occurred. The thickening of the mucous membrane was in parts one-fourth inch, gray and opaque. The lymphatic glands beneath the duct were enlarged to the size of beans, firmly adherent to the duct, and contained several nodules—gray, opaque, and relatively dense.

The microscopic examination of the diseased mucous membrane and the glands showed a commencing cancerous infiltration. The cells were large, cylindrical; cuts parallel to the surface of the membrane, presented anastomosing bands of cells, cross sections of which were generally quite circular, and in many cases a distinct lumen seemed to be present.

The gall-bladder was firmly contracted about some 40 calculi, resembling in appearance the one previously described, the smaller perhaps two lines in diameter, the larger of the size of a bean. These were imbedded in a curd-like puriform material, and the wall of the gall-bladder from the fundus to the bend in the cystic duct was converted into a suppurating surface.

The fundus of the gall-bladder was firmly adherent to the duodenum, some three inches below the pylorus, at which point the mucous membrane was thickened, contracted irregularly, gray and opaque, the surface roughened. Microscopical examinations showed, however, merely a cellular infiltration.

The kidneys were in a state of parenchymatous inflammation, the cortical epithelium infiltrated with granules, and the straight tubes containing numerous hyaline casts.

Dr. Fitz said that the case was a very interesting one, as showing a cancerous deposit in the common duct, and none in the substance of the liver. He thought that in some cases, cancer in the ducts might be overlooked, and a deposit in the parenchyma pass for primary, when in reality it was secondary.

Dr. Ellis spoke of a similar case, which he had seen, where the liver was more rarified, so much so as to crepitate like an emphysematous lung. The ducts were very much dilated, and the substance of the liver, under water, looked like shreds. In Dr. Shattuck's case the liver at the autopsy was not found much enlarged, but during life it seemed to be very much so.

Dr. Jackson spoke of a specimen which showed the ducts to be much distended; also of a case he had seen, where there were symptoms of hepatic trouble, and also evidence of the liver's being enlarged at times, and again regaining its normal size. This he had supposed to be a case of distended ducts. He had seen many cases of primary cancer of the gall-bladder that had extended into the substance of the liver. The cancer in these cases was always encephaloid. In a case reported by Dr. Flint,

gall-stones were found in the cancerous mass, like plums in a pudding. It has been observed that in cases of cancer of the gall-bladder, gall-stones are usually found. Dr. Jackson doubted whether all cases that had been considered primary cancer of the liver, could be secondary to an overlooked deposit in the ducts.

Earlier Physical Signs in Phthisis.—Dr. KNIGHT said that the investigations and theories of Niemeyer had caused the question of the earlier physical signs of phthisis to be renewed. It has been urged against Niemeyer's views, that the earlier physical signs show the existence of some deposit or consolidation, whereas, if his theories are correct, we should get the physical signs of bronchitis, and Dr. Knight thought that such was the case. He had seen cases in which the first sign noticed was a dry r  le at the apex, followed, after a short time, by moist r  les, but without any change in percussion or in the respiratory murmur. Then in six months some signs of consolidation would appear.

Dr. ELLIS agreed with Dr. Knight that the first physical signs of phthisis noticed, might be those of bronchitis, and not of consolidation.

Dr. MIXOR said that the question of the correctness of Niemeyer's views on phthisis was a very important one, as, if he is right, we should never neglect a cold, whereas it has always been thought that a cold cannot cause phthisis. He spoke of one case in which he found no physical signs until those of consolidation appeared; also of another, in which, one week after not finding any signs at all, he found consolidation.

Dr. Knight said that many phthisical patients did date their trouble back to an ordinary cold.

Alarming Symptoms following the use of Chloral.—Dr. MIXOR reported the case. A lady who had for many years been a great sufferer from severe headaches, neuralgic pains, and other troubles, had derived great relief from an occasional dose of chloral, at bed-time. On one occasion, while suffering severely from a whitlow, she took forty-five grains of the medicine, in three doses. She slept nearly 72 hours, very quietly, waking occasionally to take food. At the end of this time, she awoke, somewhat prostrated, and occasionally delirious. She then took another dose of fifteen grains, at bed-time, and probably another in the course of the night. The next morning she was found by the nurse, who slept in the same room with her, in a state of extreme prostration, hardly able to speak, and with cold extremi-

ties. The pulse was very feeble, slow and intermittent, and the patient seemed to be in an alarming condition. Stimulants were freely given, and the patient rallied and recovered.

Dr. HODGES said that he had a patient who had taken 280 grains of Morson's chloral in ten hours without any bad effects.

Dr. WHITE spoke of an eruption, of an eczematous nature, which he had observed in two or three cases, where the patients were taking chloral, which disappeared when the chloral was stopped, and returned on its being again resumed.

Bibliographical Notices.

The Second Annual Report of the Children's Hospital. Boston, 1871.

We have received a copy of the second annual report of the Children's Hospital in Boston, from December 28, 1869, to December 28, 1870. The names of the officers of the Hospital were given in the JOURNAL of January 5th. The Report says:—

"The position of the Hospital to-day, as compared with that of one year ago, we feel to be an interesting one, not only to the members of the Corporation, but to our benevolent public generally. At that time the idea of a Hospital for sick and maimed children had just taken form and become a reality; and it has been the privilege of the Managers, during the past year, to advance the idea, and bring it to its full development." * * * * *

"It is highly gratifying to us that we can assure the Corporation that their charity has resulted in a large amount of good to the community. During the year now closing sixty-nine patients have been received, making our total for eighteen months ninety-nine." * * * * *

"We have lost some; but our death-rate has been very small: we have sent some away uncured; but we have healed a very fair proportion, when we compare our own with the statistics of other hospitals." * * *

"The Board of Managers cannot speak in too high praise of the assistance they have received from those kind and cultivated Christian ladies who have been instrumental in carrying on the Hospital during the past year. The system of caring for the sick, and especially for sick children, which seeks its only recompense in the consciousness of doing God's service; which

is thoroughly rewarded by watching the return of health to the wasted one, and the lighting up of intelligence in the lachrymose eye—needs no criticism. The care of the sick which is influenced by such considerations as these requires no surveillance to insure faithfulness in the discharge of duty, no reminders to urge the eye to be watchful, or the hand skilled and gentle. Indeed, the system of voluntary nursing, as suggested by the founders of the Hospital, and as carried out for the past eighteen months, has demonstrated the fact that it is the only satisfactory method of meeting the existing wants; and we are assured by our medical staff that it is by far the most efficacious method which exists. With the hope which we entertain of carrying out the system more completely, it bids fair to be a success. The Managers would feel that they were doing themselves an injustice, did they fail to mention the never-wearying, ever-skillful, watchful care of the Lady Superintendent; the gentle ministrations of the sister who left us in June, and is now preparing, in a foreign land, for still further work in the service of the Lord; and the kindly aid given by many ladies in caring for our patients during the past year. Their services are fully and kindly appreciated and gratefully acknowledged.” *

“The medical attendance of the Hospital has been gratuitously rendered by a staff of physicians and surgeons. Their Report shows that the whole number of patients received during the year is sixty-nine: forty-nine males, and twenty females. Of these, thirty were medical cases, and thirty-nine surgical; eighty-three have been discharged—thirty-nine well, twenty-seven relieved, &c.; seventeen still remain in the Hospital.” * * * * *

“The Hospital should be largely endowed. The great need of the Institution is money. The Charity should not stand just as it is: it should, and we believe it will, take rank with the largest; for it is already as important as any. It should not be, nay, it will not be, in vain that we ask for means to place it on a sure and permanent basis.”

We have only one word of comment to make. Whether it were best that “The Children’s Hospital” should permanently remain on its present basis, or be placed under the shadow of some older establishment, time will show. But, the charity itself we have always felt to be a great disad-vantage, and it has our warmest wishes for its continued prosperity. r.

Pathologie der Zähne mit besonderer Rücksicht auf Anatomie und Physiologie. Bearbeitet von Prof. Dr. C. Wedl, mit 102 Holzschnitten. Leipzig: Arthur Felix. 1870.

The Pathology of the Teeth, with especial reference to their Anatomy and Physiology. With 102 wood-cuts. By Dr. C. Wedl. Leipzig: 1870. pp. 362.

The subject of Dental Pathology is interesting alike to the Physician and the Dentist. It is therefore a matter of congratulation to both classes of practitioners that the subject has been taken up and well treated by one so able to master the subject as Prof. Wedl. For many years the distinguished Professor of Histology in the University of Vienna, the author of a standard work on that subject, translated by the (old) Sydenham Society, and the contributor to scientific literature of many valuable works, he has, in this way, become well known to the leading savants of Europe. The work which he now offers is collated largely from very valuable material left to him by the late Dr. Heider, Professor of Dental Pathology in the University of Vienna. The result of the life-long work of this eminent Professor, in manuscript and in a fine pathological cabinet, has been utilized by Prof. Wedl, and has received, in addition, the advantage of his own study and experience.

The book is excellently written and is illustrated by wood-cuts of a superior character. It is valuable for the reason that no satisfactory work exists on the subject; and, with the recent advance made in the science of Dentistry, it will fill a void, seriously felt, by the Dentist and the Dental student. The work will shortly be published in English by a well-known Philadelphia firm.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 16, 1871.

“And thus I clothe my naked villany * * *
And seem a saint, when most I play the Devil.”

It is not often that medical men are brought face to face with a class of books, sheltering their anonymous authors under the garb of the profession, whose sole aim and object is to steal into the households of our land, and under the chastest garb of innocence, pander to the lowest appetites

of human nature; by a natural and, to the author, desirable sequence, teach the very crimes against which he inveighs; and treat, with the most unblushing impudence, subjects which tax the powers of the humanitarian for their proper solution.

We are moved to these remarks by the appearance of a book on our table, bound in the neatest style of the art, bearing an attractive title, claiming for its author "A Physician"; quoting from respectable medical men and from clergymen, only to pervert their words; and, in short, teaching, on every page, under the garb of philanthropy, the vilest sensuality. In thus speaking of this one of many similar works, we cannot fail to mark, with the most serious concern, the ill effect they have on the social and moral condition of our community; and their tendency to produce feticide, sexual excesses, illicit relations and marital infidelity. We do not ask why such a book was written; for its origin is already too patent. We appreciate fully the weakness which simple words can have in repressing the evil; but, as journalists and with such works as these thrust on our notice, we do most heartily *denounce* their circulation; we enter our solemn protest against their publication; and we are sure that the public safety *demands* such supervision of these works as will aid in sustaining the moral tone of the community.

We had jotted down these thoughts on this curse to society and had laid them aside in our portfolio, thinking that the very mention of the book gave it too much publicity; we refrained from giving its title even, that we might not have the appearance of giving it a puff; but the occurrence of similar denunciatory notices in two of our most highly respected exchanges induces us to change our course and add their views of the work to our own.

The *Baltimore Medical Journal* for January, says:—

"We are glad to see that the author, who it appears is a professor, and a laborious practitioner, has had the grace to offer some thirty-five pages of 'apologia' for its publication, and yet we find it somewhat difficult to accept an apology that precedes the deliberate execution of an offence, and such

an offence—little less than thrusting into the face of uncontaminated purity a rare bouquet of bestial lust and gross indulgence, with a nauseating statement of consequences thrown over it all like a decrepit moral dragged in at the fag end of a 'tale of lust and hate and crime.' " * * *

"In short, the book is disgusting, and should pass the threshold of no home where young people may put hands on it. The remedy for this evil lies not in special instruction concerning the moral and physical enormity of the vices, but in the inculcation of a more elevated general moral sense. No child or parent who practises these evils is unaware of their hideousness, else why do they so carefully screen themselves from all observation, and so steadily deny all such practices even to their physicians? All intuitively feel them to be disgusting, and the revelation of the physical ills resulting therefrom will no more deter them from indulging themselves than the dread of the stomach-ache will deter a child, who has never had the colic, from eating fruit-cake. We, therefore, most cordially unite with the author when, in the chapter on 'female masturbation,' he 'beseeches in advance, that every young creature into whose hands this book may fall, if she be yet pure and innocent, will at least pass over this chapter, that she may still believe in the general chastity of her sex.' We would even venture a little further, and 'beseech' her to 'pass over' this book to the nearest fire, that it may be consumed utterly."

A correspondent of the *Chicago Medical Journal* handles the book in this wise:—

"It is with some pain, and loathing too, that we finish a hasty perusal of this work, handed us a few days ago by a friend. Pain, because we have much faith in the inborn purity and goodness of human nature; loathing, that a man should exist, and he a physician, to produce such a mixture of falsehood, illogical trash, and bawdy nonsense, and then have the assurance to declare that he hopes and desires it may be read by all classes of the community—male and female, young and old—as an almost specific cure for the evil ways they are pursuing, and for the vices they have acquired. It is

on a par with several books of like character, written in the last few years, under the cover of scientific authority, insidious, untruthful, with clap-trap titles, and made for sale. It is not one whit more decent than the *Police Gazette*, and other low pictorials of the phosphorescent style, and stealing into the family circle under such disguise, does more to corrupt and degrade, and turn the thoughts of the growing generation into impure channels, than all other causes or associations put together. He quotes the misogamists, the misanthropists, the *debauchees*—Balzac, Michelét, Tissot, Legouvé, and others—of the French school, to sustain him in the many peculiar opinions advanced; yet despite such philosophical aids—and many of them not used in their proper connections—we cannot see one position legitimately tenable, not one argument spun to a perfectly logical conclusion, as his premises are false to build on, are opposed to the observation and experience of many learned men, and hence, end in the *reductio ad absurdum*.” * * *

“There pervades, throughout, a vein of Christian sentiment, which is one-half bigotry and one-half cant, throwing a very strong doubt over the author's sincerity, and leading one irresistibly to the conclusion that money is the sole object, and not the welfare of society.” * *

Our brother Editor, in his remarks, truly stigmatizes the book as “the culminating atrocity of the press.” Having made these remarks our copy of the book goes to the flames.

CLIMATE OF THE UNITED STATES.—*Messrs. Editors*,—I offer for publication in your JOURNAL* a translation of an essay on the climate of the United States, read before the Helvetic Society of Natural History, by the well-known naturalist, M. Desor. That the characteristic of our climate is its extreme dryness, is a subject of common observation, and M. Desor's explanation of the cause must be admitted to be satisfactory. His conclusions, as to the effect of this peculiarity of the climate on the human organization, will be received with reluctance, and some abatement of them will be claimed by many. Indeed, some of his statements will undoubtedly be regarded as

so extreme, as hardly to require serious refutation. Yet it is beyond dispute that there is a marked difference between the American and the European type. It is abundantly shown in this essay, and will be confirmed by all who have had any, even the most limited field of observation, and no other external cause has been adduced to account for it.

In confirmation of the view taken by M. Desor, we need only refer to a few localities where the dryness of the atmosphere is tempered by bodies of water lying in the direction of the prevailing wind. No traveller, for instance, has failed to notice the remarkably healthful aspect of the inhabitants of Buffalo, which lies at the eastern extremity of Lake Erie. The same observation will hold in regard to the inhabitants of Kingston, which occupies a corresponding position on Lake Ontario. The people of Vermont, who have the expanse of Lake Champlain to the west of them, will afford another illustration. Some years since an adjutant general of Massachusetts, who was invited by the constituted authorities of Vermont to aid them in the re-organization of their militia system, expressed his astonishment, on his return, at the superior physical condition of the men he had seen there enrolled. We all remember the vigorous aspect of the Maine regiments, as they passed through on their way to the seat of war. They seemed composed of picked men. Now, so extensive are the lakes and rivers of Maine, that it is computed that one-sixth of its surface is water.

If all this is admitted, the question comes home to us with grave significance. But a few years since, two or three hundred acres of water, renewed from the ocean twice in twenty-four hours, lay to the west of Boston, and in immediate proximity to the general breathing-place of its inhabitants. Indeed, there was no portion of the city too remote to be reached by its salutary influence. The Commonwealth, however, claiming a vendible interest in territory below low water mark, has displaced a large portion of this water, and thus has, in fact, been filling its treasury at the cost of the health and comfort of one-seventh of its population. Is it not time to claim, in the interest of the masses of the people, whose condition in life forbids them to seek the healthful summer resorts, a reservation, if not an extension, of the yet unfilled water space, and thus a limited compensation be tendered for the mischief so inconsiderately done?

Boston, March 9, 1871.

* See page 173.

Medical Miscellany.

At a meeting of the *Lynn Medical Society* held March 1st, the following resolutions were unanimously adopted:

Whereas, Certain Homœopathic and other irregular practitioners of medicine have condemned the action of Dr. H. Van Aernam, Commissioner of Pensions, in removing certain Medical Examiners from office, on the ground of their not being regular physicians:

Resolved, That we commend Dr. Van Aernam's action in this respect, as the only means by which the interests of the soldiers of our late war can be protected from the ignorance and incompetence that prevail so extensively in all the sectarian schools of medicine.

Resolved, That the Regular Medical Profession owe Dr. Van Aernam their support in the sound position he has taken, and their sympathy under the abuse and misrepresentation to which he is subjected.

Resolved, That we earnestly request the Secretary of the Interior to sustain Dr. Van Aernam in his course in this matter.

Resolved, That the Secretary be directed to forward copies of these resolutions to the Secretary of the Interior and the Commissioner of Pensions.

THE EFFECTS OF ARSENIC IN PHTHISIS.—The effects of arsenic in the treatment of phthisis have already been investigated by Dr. Cersoy, of Langres, and Dr. Isnard has lately contributed some of his experience on this subject in memoirs published in recent years. Dr. Isnard now gives a summary of his views in reference to the local and general action of the drug. He states, in the first place, that when arsenic is employed in phthisis, the febrile disturbance, when it exists, is weakened and suspended, while the nocturnal sweats, the general excitement and the sleeplessness are also diminished. As the fever abates, the digestive function is improved, and the diarrœa or constipation or vomiting disappears; in short, a general improvement becomes perceptible. As the constitution improves, the local lesions and the lung itself undergo a beneficial change, and the cavities in the lung are cicatrized. This result is proved, according to Dr. Isnard, by the relief of the cough, the diminution of the secretion of the bronchial tubes and of the pyrogenic membrane of the cavities, by the substitution of mucous for purulent sputa, and of dry for humid rhonchi. The general conclusion drawn by Dr. Isnard as to the action of arsenic in phthisis is, that by its local and general action, at once curative and preventive, it influences at once the capillary system and the different tissues, affecting both the lungs and the whole economy. It does not attack the tubercle directly and specifically, like a parasiticide, but directs its action to the elements and tissues which remain actually or relatively healthy.—*Half-Yearly Abstract of Medical Science.*

HOUSTON, TEXAS, AS A RESIDENCE FOR CONSUMPTIVES.—Dr. James Cowling, of Houston, Texas (*New Orleans Med. Journal*), recommends this town as an excellent residence for those suffering from pulmonary complaints, from these

facts: 1st. The temperature of the place is very mild; for the winter months of December, January, and February, the temperature is about 46° Fah. This includes the 24 hours round, giving to many days sufficient heat to be without fire. 2d. The breezes prevail from the south, coming from the Gulf, then blowing across the prairie, tempering them and making them very agreeable, pleasant and healthy. 3d. Every facility exists for out-door exercise, either about town, or in the sheltered woods around, or open prairie, and by railway and steamboat. 4th. There are well-supplied markets, good hotels, and very agreeable society, with its advantages, although not so prominent as some already mentioned, nevertheless possessing in conjunction a beneficial influence on the patient.

Dr. Cowling, in conclusion, affirms that patients following out the above suggestions, aided by proper medical advice, may rely, in most cases, upon a great if not permanent relief.—*N. Y. Med. Record.*

Dr. DIXIE CROSBY has resigned his professorship in Dartmouth College, and will devote himself hereafter exclusively to medical practice in Hanover.

PAMPHLETS RECEIVED.—On Dactylitis Syphilitica, with Observations on Syphilitic Lesions of the Joints. By R. W. Taylor, M.D., Surg. N. Y. Dispensary. Pp. 30.

MARRIED.—In Springfield, Mass., March 2d, Dr. Geo. E. Stackpole, of Boston, to Miss H. M. Pease, of S.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending March 11, 1871.

Cities and Towns	No. of Deaths	Prevalent Diseases.
Boston	85	Consumption 46
Charlestown	22	Pneumonia 19
Worcester	25	Typhoid fever 8
Lowell	14	Erysipelas 6
Milford	3	Croup 6
Chelsea	3	Scarlet fever 6
Cambridge	10	
Salem	15	
Lawrence	9	
Springfield	4	
Lynn	9	
Gloucester	6	
Fitchburg	2	
Newburyport	8	
Somerville	4	
Fall River	11	
Haverhill	2	

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GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 11th, 85. Males, 47; females, 38. Accident, 1—apoplexy, 3—inflammation of bowels, 1—bronchitis, 3—inflammation of the brain, 2—congestion of the brain, 1—disease of the brain, 1—consumption, 17—convulsions, 2—croup, 3—cynosis, 2—diphtheria, 1—dropsy of the brain, 4—dysentery, 2—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 5—hemorrhage, 1—infantile, 2—intemperance, 2—disease the kidneys, 6—laryngitis, 1—inflammation of the lungs, 7—marasmus, 1—old age, 1—paralysis, 2—premature birth, 1—peritonitis, 3—puerperal disease, 1—purpura, 1—suicide, 1—disease of the spine, 1—tumor, 1—ulceration of the intestines, 1—unknown, 1.

Under 5 years of age, 24—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 65—Ireland, 21—other places, 9.